

Skating Club of Vail

FALL 2020

FIGURE SKATING CLASSES

Intermediate/Advanced Figure Skating

Mondays, 4:00—4:30pm
September 14—October 12

Cost: \$125
(*\$100 for SCV Members*)

Classes will focus on a variety of skills, coaching techniques and theories, from week to week. All classes will be leveled based on skaters' abilities.

**Prerequisite: Basic Level 5 or higher; or with approval of Skating Club of Vail coach*

Theater on Ice

Wednesdays, 5:00—5:30pm
September 9—October 14

Cost: \$150
(*\$120 for SCV Members*)

Theater on Ice is set up for skaters to express their theatrical traits on the ice, while also working on synchronicity and precision. This program focuses on the art of performing and working as a team.

**Prerequisite: Basic Level 5 or higher; or with approval of Skating Club of Vail coach*

EMAIL REGISTRATION TO: SCVCLUBINFO@GMAIL.COM

Skater's Name: _____ Skater's Level: _____

Parent(s) Name(s): _____

Phone: _____ E mail: _____

Intermediate/Advanced Figure Skating (\$100)

Theater on Ice (\$120)

TOTAL: _____

*Classes can be paid for by cash, check
or credit card (VISA/MC).
Please bring payment to your first class.
Credit card payments will incur a 3% service fee.*

Registration Deadline: 9/8/2020

I acknowledge that the activity set forth contains dangers and risks, and may result in injury to the participant. I hereby assume all risks of personal injury or death and property damage from any cause whatsoever arising while my child or I are participating in such activity. I or my child are in good health and physically able to participate in said activity. I agree to waive and release The Skating Club of Vail, Inc., Vail Recreation District, the Town of Vail, and their officers, employees, agents, and all representatives and sponsors from any injury I or my child may sustain or any damage that may be caused by the use of equipment I may rent from the Vail Recreation District or the Town of Vail. I also authorize and consent to any emergency treatment and hospital care to be rendered to me or my child under the general or special supervision and on the advice of any physician licensed to practice in the State of Colorado. Participants may be photographed, and such opportunities may be used to publicize activities.

AUTHORIZED SIGNATURE: _____